
NEW PERMIT

RENEWAL
APPLICATION # _____

DATE RECEIVED _____
RECEIPT NUMBER _____
AMOUNT PAID _____

CITY OF ROCHESTER, MN.

APPLICATION FOR VENDING PERMIT

Covering the period _____, 20 ____ through December 31, 20 ____

The following items must be completed and / or accompany the completed application.

PLEASE PRINT LEGIBLY

Applicant Name: _____
(FIRST) (MIDDLE) (LAST)

Other Names Used _____
(FIRST) (MIDDLE) (LAST)

Home Phone # _____ Cell Phone # _____

Social Security # _____

Federal Tax # _____ State Tax# _____

1. Name of Business: _____
2. Business Address: _____
3. Business Phone _____
4. A scaled diagram depicting the desired vending cart location and surrounding area in sufficient detail to determine whether or not the requirements of the ordinance have been met.
5. A description of the proposed vending cart, including its dimensions in sufficient detail to determine if the requirements of the ordinance have been met.
6. Preference on Cart Location: _____ Peace Plaza
_____ Other Downtown Location
7. The type of product(s) to be sold. _____

8. A list of three persons who can attest to the applicant's honesty, good reputation and good moral character. (Name and Address)

9. Has the applicant ever been convicted of a felony, gross misdemeanor or misdemeanor within the past five years? If so, state charge and when.

10. List any pending criminal charges currently pending against the applicant.

11. A copy of all permits required by state or local health authorities.

12. A copy of an insurance certificate showing proof of the following coverage:

**\$500,000 for the injury or death of one person

**\$1,500,000 for the injury or death of two or more persons

**\$10,000 damage to property

13. Annual license fee of \$300.00.

Make Check or Money Order payable to the CITY OF ROCHESTER and return to the OFFICE OF THE CITY CLERK, ROOM 135, 201 4TH ST SE, ROCHESTER, MN. 55904

I hereby certify that the information provided herein is true and correct to the best of my knowledge and belief, and that the Common Council of the City of Rochester may rely on the accuracy of such information provided in determining whether or not a license should be issued.

(Signature of Applicant)

FOR OFFICE USE ONLY

REPORT - POLICE DEPARTMENT

COMMENTS: _____

(Signature)

(Date)

REPORT - PLANNING DEPARTMENT

COMMENTS: _____

(Signature)

(Date)

REPORT - HEALTH DEPARTMENT

COMMENTS: _____

(Signature)

(Date)

REPORT - ADMINISTRATION

COMMENTS: _____

(Signature)

(Date)

Date of Council Action: _____ Copy Sent to RDA: _____

License/Permit Number: _____